COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY ATT PB First					
() Declaration submitted with initial	Complete if known: App No.:				
() Destauries substitut de 0 au initial	. 611	in 127CED1 16(-)			
() Declaration submitted after initial	i filing (surcharge r	equired 3/CFR1.16(e))		Filing Date	
				Group Art Unit:	
As below named	d inventor. I here	eby declare that:			
My residence, post office	e address and citiz	zenship are as stated belo	ow next to my name.		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
		NOVEL COMPO	SITION		
the specification of which	h (check only one	e item below):			
[]is attached hereto. OR [X] was filed on <u>06 August 2004</u> as United States application Serial No or PCT International					
Application Number PCT/EP2004/008843 filed and was amended on (MM/DD/YYYY)(if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY I					
Prior Foreign Application Number (s)	•	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
Number (s)			(MIM/DD/1111))	CLAIMED	
2.					
3.					
4.					
5					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:					
Application No.			(MM/DD/YYYY)		
1. 60/493,388 08/07/2003					

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER

PB60428

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

FRIOI	U.S. FARENT	APPLICATION OF PCT PARENT A	FFLICATIO				
				PATENTED	STATUS (Check		
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)		PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462							
Address all correspondence and telephone calls to Customer Number 20462					Direct Telephone Cal	Direct Telephone Calls to:	
					Katherine SIEBURTH 610 270 5012		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
2	FULL NAME OF INVENTOR	FAMILY NAME HOKE	Frank Joh				
j	INVENTOR'S SIGNATURE	Signature		_	Date:	- 2004	
o	RESIDENCE &	СІТУ	STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZENS		
	CITIZENSHIP POST OFFICE	Durham POST OFFICE ADDRESS	NC, US		STATE & ZIP CODE/CO	INTRV	
1	ADDRESS	GlaxoSmithKline Corporate	King of Prus	sia	Pennsylvania 19		
		Intellectual Property - UW2220,				•	
		P O Box 1539	1		1		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	E	SECOND GIVEN NAME/	INITIAL	
2	OF INVENTOR INVENTOR'S	MARTINI Signature	Luigi		Date:		
	SIGNATURE						
0	RESIDENCE & CITIZENSHIP	Harlow	STATE OR FOREIGE ESSEX, GB	N COUNTRY	COUNTRY OF CITIZENS	НІР	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COL	UNTRY	
2	ADDRESS	GlaxoSmithKline Corporate	King of Prus	sia	Pennsylvania 19	406-0939, US	
	İ	Intellectual Property – UW2220,			ł		
		P O Box 1539 FAMILY NAME	FIRST GIVEN NAM				
2	FULL NAME OF INVENTOR	RE	Vincenzo	E	SECOND GIVEN NAME/	INITIAL	
_	INVENTOR'S	Signature	Vincenzo		Date		
o	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZENS	SETURE	
0	CITIZENSHIP	Harlow	Essex. GB	N COUNTRI	GB	,	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COL		
3	ADDRESS	GlaxoSmithKline Corporate	King of Prus	sia	Pennsylvania 19	406-0939, US	
		Intellectual Property – UW2220,			ľ		
	DVW V NAME	P O Box 1539 FAMILY NAME	FIRST GIVEN NAM		SECOND GIVEN NAME/		
2	FULL NAME OF INVENTOR	SALE	Mark_	E	Edward	MILAL	
	INVENTOR'S SIGNATURE	Signature				7-2004	
o	RESIDENCE &	CITY	STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZENS	ВНІР	
į	CITIZENSHIP POST OFFICE	Durham POST OFFICE ADDRESS	NC, US		US STATE & ZIP CODE/COU	INTRY	
4	ADDRESS	GlaxoSmithKline Corporate	King of Prus	sia	Pennsylvania 19		
		Intellectual Property - UW2220,		•	Ì	·	
		P O Box 1539					

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY ATTORNEY						
APPLICATION WITH	First Names Inventor: Frank John HOKE					
				Complete if known:		
		App No.:				
() Declaration submitted with initial	l filing or					
() Declaration submitted after initia	al filing (surcharge	required 37CFR1.16(e))		Filing Date		
				Group Art Unit:		
As below named	d inventor. I her	eby declare that:				
My residence, post office	address and citi	zenship are as stated bel	ow next to my name.			
			ne is listed below) or an original, aimed and for which a patent is			
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[X] was filed on <u>06 August 2004</u> as United States application Serial No or PCT International						
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PRIOR FOREIGN AND ANY I				PRIORITI		
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED		
1.						
2.						
3. 4.						
5.						
I hereby claim the benefit under T	itle 35 United S	tates Code 8119(e) of an	v United States provisional ann	lication(s) listed		
below:	inic 55, Office 5	tates code grive) of an	y omed bates provisional app	113100		
Application No.						
1. 60/493,388		08/07/2003				

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
		S	STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	

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Address all correspondence and telephone calls to Customer Number 20462

| Direct Telephone Calls to:
| Katherine SIEBURTH 610 270 5012

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Jeopard	scopardize the validity of the application of any patent issuing thereon.					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	HOKE	Frank	John		
1	INVENTOR'S	Signature		Date:		
1	SIGNATURE					
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Durham	NC, US	US		
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY		
1	ADDRESS	GlaxoSmithKline Corporate	King of Prussia	Pennsylvania 19406-0939, US		
l	1	Intellectual Property – UW2220,				
1]	P O Box 1539				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	MARTINI	Luigi	I		
1	INVENTOR'S	Signature / / Male a la		Date: 11 0 7201		
ł	SIGNATURE	Signatur/MMMMM		Date: 11 OCT Zeaf		
0	RESIDENCE &	1 6171	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Harlow	Essex, GB	GB		
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2	OF INVENTOR	RE 11	Vincenzo	SECOND GIVEN NAME INTIDAL		
<i>"</i>	INVENTOR'S		VIIICCIE	Date		
	SIGNATURE	Signature (men Ke		11-04-2004		
o	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
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	l	P O Box 1539		Į į		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	SALE	Mark	Edward		
	INVENTOR'S	Signature	L	Date:		
	SIGNATURE	-		1		
О	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
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		P O Box 1539		1		
		1 0 202 1007				